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ABSTRACT

An experimental program is described involving the development of supportive service teams composed of nonprofessionals, volunteers and large numbers of elderly consumers in all of the federally funded nutrition sites in an urban region. The team model is advanced as a particular approach to meeting the federal mandate to provide a range of designated supportive services in addition to the basic nutrition program. The primary purpose of the team is to provide such services as outreach, information and referral, escort services, and needs assessment to the elderly poor at a low per capita cost. Moreover, the teams offer an opportunity for elderly consumers to act as service providers to other elderly residents in their own neighborhoods. These teams must effectively interrelate not only with the various groups and individuals which have supervisory or advisory responsibilities in relation to them, but also with all other organizations which either receive referrals from the teams or provide informational or staff resources to them. These various organizational relationships, problems encountered between and among teams, and implications for the supportive services program are described in detail. Special attention is given to the roles that local government, the Federal Nutrition Projects, and the Area Agencies on Aging must assume in order to give the team program the political and organizational support it needs to survive. (Author)

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INTERORGANIZATIONAL AND POLITICAL OBSTACLES TO PROVIDING LOW COST SUPPORTIVE SERVICES TO THE ELDERLY POOR[1]

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Abstract

Supportive service teams composed of non-professional staff and volunteers were utilized within a Title VII Nutrition Program to minimize cost and maximize the use of neighborhood resources. Obstacles to the integration of these teams within municipal settings derive from differences between the Title VII and local programs in populations served, accountability of staff, and programming priorities, and from the absence of an effective arbiter to mediate conflict. Resolution of these problems depends on policy changes regarding the relationship of the Area Agencies on Aging to the Title VII and municipal programs.

The network of public organizations responsible for the planning and delivery of services to the elderly has become increasingly complex. These organizations include, among others, Area Agencies on Aging, regional nutrition programs, state and municipal departments on aging, and a variety of general purpose health and welfare programs. For those who wish to develop new services, it is hazardous to proceed without considering carefully both the pre-existing relationships among the network's component organizations (Sarason, 1972) and the network's general stability and flexibility. We shall illustrate some of these hazards by describing an effort to develop supportive services teams for the elderly within a Title VII Nutrition Project. Because this program was designed to make maximum use of the existing service structure in order to reduce costs and to establish a comprehensive array of community-based services, the course of implementation is especially relevant and interesting.

The cost of the program was important because of the nature of the enabling federal legislation for the Title VII nutrition program. Although the nutrition program was designed to meet the social as well as the nutritional needs of the elderly poor, only minimal funds were allocated for supportive services. As a result, in an effort to obtain the maximum amount of supportive services for the least amount of money, the governing board of a regional Elderly Nutrition Project elected to contract with the local community mental health center for the development of supportive services teams in all of the nutrition sites under its purview, most of which were located in municipal senior centers. Each team would be composed largely of non-professional staff and volunteers, some of whom would be elderly. The teams would assume primary responsibility for the planning and implementation of needed supportive services for the elderly living in the neighborhood served by their site. The

leader of the team would be selected jointly by the Director of the Nutrition Project and by a representative of the municipal government where the site was located. The community mental health center staff would be responsible for providing consultation to the team leader regarding such matters as leadership development, recruitment of team members, the selection of an initial task, management of group process, and interorganizational relationships with community providers. In addition, the consultants would provide training workshops for team leaders and members on such topics as outreach and information and referral. It was expected that after an initial period of intensive consultation and training lasting several months the teams would be able to function with only minimal follow-up support from Nutrition Project staff. As planned, this program would be far more cost-effective than a direct purchase of professional services, and through aggressive, neighborhood-based outreach activity, have the potential to serve substantially larger numbers of elderly.

The supportive services program encountered numerous difficulties, many deriving from the interorganizational and political characteristics of this aging network. Although a number of the team development efforts were successful, in an equal number of sites either progress was exceptionally uneven, the implementation of the model failed, or for a variety of reasons it was not even possible to initiate the work. Central to each of these difficulties were factors related to the stability and supportiveness of the organizational environment for the team development effort. Several of these problems and a proposed solution will be described in detail, with a special emphasis on developments in the city which forms the core of the region and where the largest number of elderly and elderly poor reside. Of all the nutrition sites in the region, half were located in this city.

1. Conflict regarding grantee status. It first became apparent that important components of the aging network might not be supportive to the team development effort while the consultation contract was being negotiated. During this time, an intense and protracted conflict developed between the religious organization which had been serving as the Nutrition Project grantee and the regional organization of elected municipal officials, which desired to become the grantee. Central to this conflict were the views that each of the parties had of the other. On the one hand, representatives of the religious organization and the Director of the Nutrition Project believed that the elected officials were interested primarily in the publicity which could be generated through sponsorship of the Project. They also feared that as a result of the elected officials' responsiveness to the voting elderly, greater priority would be given to serving a more affluent and intact elderly population than the Nutrition Project was designed to reach. On the other hand, the elected officials effectively argued that without their support the Nutrition Project would not be a viable enterprise, for the municipalities provided most of the space and some of the equipment and staff that the Project needed to survive. They felt that given this contribution, it was unreasonable to exclude them from participation in the management of the Project. They also believed that they had the better understanding of the needs of their elderly constituencies.

The competition between the two organizations was taken to the State level when both groups submitted separate grant applications to the State Department on Aging. After numerous attempts to resolve the conflict were unsuccessful, the Governor, through the State Commissioner on Aging, mandated the formation of a regional governing board with equal representation from the two parties.

The involvement of the municipalities in the governing board had important

consequences for the team development effort. While in many respects the governing board was able to function quite effectively, the relationship between the municipalities and the Nutrition Project remained ambiguous, with a minimum of formal agreement regarding the authority to manage staff and program, the type of clientele to be served, or the integration of the Nutrition Project with previously existing municipal programs. In fact, the possibility that there might be aspects of the Nutrition Project that a particular municipality might not support was never seriously considered, much less how the governing board would deal with a municipality which violated the board's own contract. Thus, although the board contracted with the consultants to develop supportive services teams in all of the sites in the region, when the representative of one municipality, also a member of the governing board, refused to participate, the governing board did nothing to remedy the situation. Because the governing board had minimal authority over the municipalities whose representatives constituted half of its membership, major difficulties in the relationship between the Nutrition Project and the individual municipalities could not easily be resolved.

2. Resistance from the senior center directors. When a new program is introduced without the full consent and support of those expected to implement it, resistance should be expected (Klein, 1969). Resistance especially will be intense if, as was the case here, the program requires major changes in role and has the potential to be a political liability (Baizerman & Hall, 1977; Marris, 1975). Thus, in the effort to create supportive services teams, the consultants encountered difficulty gaining entry into the senior center based nutrition sites, the major designated location for the team development program. Since it became clear that the governing board could not actually commit the municipalities to the supportive services program, separate agree-

ments had to be sought with each municipality. This procedure was most complicated in the city with the greatest number of nutrition areas, despite the fact that this city's Coordinator of Elderly Services had agreed to support the team development program while the contract was being negotiated. His only requirement had been that each of his senior center directors would either be the team leader or be involved in the selection of the team leader, an arrangement acceptable to the Director of the Nutrition Project.

However, the Coordinator was also preoccupied with the demands of a new city administration, and because he had been appointed by the previous mayor, it was not clear he would continue in his position. As a result, he was somewhat less than fully engaged in facilitating the supportive services program of the Nutrition Project. Sufficient steps were not taken to seek the cooperation of senior center directors and to explain either the rationale for the new program or the role to be played by the consultants. Therefore, the degree of city support for the supportive services program remained unclear.

Actually, the stance of the city administration was not the only factor affecting the response of senior center directors to the team development proposal. Over many years, the senior centers had become increasingly autonomous, with many senior center directors garnering strong political support from elderly consumers and others in the surrounding neighborhoods. While the city administration could have mandated cooperation with the consultants, there was little doubt that a resourceful senior center director could delay the development of a team indefinitely.

Indeed, the team proposal had two characteristics which guaranteed resistance from many directors. First, it was imposed from external sources and second, it was presented as a model for developing supportive services in all city senior centers. Since many center directors viewed their own

programs and needs as unique, much of the initial contact between consultants and the senior center directors focused on the question of whether the teams were an alien influence or a vehicle to realize pre-existing center goals. Because most of the centers' programming efforts were recreational in nature, and the purpose of the teams was to implement supportive services such as outreach, it was understandably difficult to persuade the directors that the teams would suit their purposes. Indeed, in one case, where an outreach effort had resulted in utilization of the center by several older drunks, there was some sentiment among the center staff to limit further activity to a more respectable clientele. Generally, team development was resisted whenever a senior center director anticipated that the result would be the recruitment of elderly consumers whose class, ethnicity or behavior would make existing consumer groups uncomfortable.

3. Reorganization of the city's elderly services. The next set of developments reflect a basic dilemma in the management of any governmental program, which is the difficulty of reconciling the need for program stability with the need for responsiveness to the electoral process. Most programs which depend heavily on non-professional staff and volunteers require a stable organizational environment and consistent leadership in order to survive. In this situation, the election of a new mayor in the central city of the region resulted in both structural changes in the organization of the city's elderly services and the replacement of a number of key staff.

Shortly after the team development program was initiated, the city's Coordinator of Elderly Services resigned. He was not to be replaced for several months, adding to the resistance encountered by consultants attempting to work with the senior center directors. Once the new Coordinator was selected, his main concern was an impending reorganization plan which he and his superiors

had designed in order to provide increased supportive services to the elderly poor and to centralize control of the senior center program. The reorganization plan included proposals for first, the establishment of several comprehensive centers to provide specialized supportive services and to coordinate outreach work and recreational programming; second, the partial closing of most senior centers; and third, the demotion of senior center directors to program workers directly responsible to the comprehensive center staff. The plan was to be implemented in four to six weeks. Six months later, the by now very controversial plan was only beginning to be put in place.

During the time the consulting staff was working in the senior center based nutrition sites, various aspects of the reorganization program became known to the consultees, including the plan to reduce their authority. Finally, the Coordinator of Elderly Services decided to remove the senior center directors from their roles as team leaders. Instead, team leadership would be provided by either senior volunteers or supervisory staff from the comprehensive centers. The consequences for the team development effort were sometimes disastrous. In several sites, well-functioning teams stopped meeting altogether. In one site, the termination of a very popular senior center director and team leader resulted in organized and well-publicized community protest.

Each time a staff member was terminated, transferred or demoted, or a new reorganization rumor circulated, the stability and motivation of the teams were seriously affected. The Elderly Services Coordinator called many meetings with, and sent numerous memos to, his senior center staff, some of these at the consultants' request, in order to clarify the status of the teams while the reorganization was taking place. Not only were these various communications contradictory, but senior center staff learned that they were sometimes

without force of authority, since compliance was not always monitored. It should be clear that this generation of confusion and anger was unintentional, the result of decisions made, modified and countermanded in response to the effects of the reorganization.

4. The need for an effective arbiter. As Pressman and Wildavsky (1973) have noted, when the authority to implement a program is diffused among several different parties, the likelihood of success is small. Throughout this effort, the absence of any individual or organization with the authority to stabilize the situation through arbitration of differences and enforcement of commitments was keenly felt. Numerous attempts were made to resolve the difficulties that arose from the reorganization through meetings involving the Coordinator of Elderly Services, the Director of the Nutrition Project and the head of the consulting team. However, for the most part, the meetings were of limited success. The Coordinator was in the awkward position of not being able to represent his own city administration in good faith, for his commitments regarding the timing or nature of the reorganization were repeatedly invalidated by events. The Director of the Nutrition Project was preoccupied with protecting the meals component of his program in the face of a reorganization which might have led to the closing of some of the sites. The head of the consulting team repeatedly stated that it was impossible to do the work under existing conditions, while everyone present knew that he considered withdrawal from the work unthinkable since it would mean the loss of staff positions. The governing board of the Nutrition Project was unwilling and unable to sanction a member municipality on which it depended for half of its total program.

It has no doubt seemed odd that thus far there has been no mention of the Area Agency on Aging, the organization charged with coordinating services for

the elderly. The Area Agency has not been mentioned because at no time was it involved, directly or indirectly, in the development or implementation of this program. This situation exists because the Title VII Nutrition Project in this state, as in many other states, is administered independently of the Area Agency structure.

We believe that the Area Agency could have played an invaluable role in this situation providing that it performed competently its planning, evaluation and coordination functions. What might have happened if the Area Agency carried the same funding and monitoring responsibilities in relation to the Nutrition Project that it has for other programs? First, when the supportive service program was proposed, the Area Agency might have conducted an extensive investigation of its compatibility with the existing aging network. In particular, the ability of the supportive services program to be integrated within municipal senior centers might have been reviewed, including such questions as: To what extent do the program priorities of the senior centers conflict with those of the proposed program? What demands will the new program make on municipal resources, and are the municipalities prepared to meet them? Had these questions been asked by a group like the Area Agency, it is likely the program would have been implemented under very different circumstances, or not approved until certain conditions were met.

Second, the Area Agency could have been actively involved in holding the Nutrition Project, the consulting group and the municipalities accountable for their initial commitments to the program. The Area Agencies have the potential for exercising such authority, for example, by evaluating an applicant municipality's overall elderly program, and not just the programs the Area Agency funds. Certainly, the overall record of a municipality in providing services for its senior citizens is one reasonable criterion for making

funding decisions. This is not to say that the Area Agency should be used to thwart the program priorities of municipalities. Elected officials should have considerable latitude to define and develop programs for the elderly according to their interpretation of the public will and interest. Programs do become outmoded, entrenched and unresponsive, and the political process is one way to modify or eliminate them. But when changes are made, they should be as orderly as possible and should show maximum concern for the consumers that a program is intended to serve.

Finally, when conflicts arise between various organizations participating in a program, there must be some reasonably effective vehicle for resolving them. In this situation, had the Area Agency been assigned sufficient authority to act as arbiter between the consulting group, the municipalities and the Nutrition Project, the organizational environment for the supportive services program would have been much less chaotic. Such centralization of authority permits the mediation of unnecessary interorganizational conflict. For these reasons, it seems most sensible to consolidate the Title VII supportive services program within the Area Agencies on Aging. Many will argue that the Area Agencies would have great difficulty fulfilling this role, despite their mandate; that the Area Agencies are limited in their authority and also beset by political problems (Howenstine, Miller and Tucker, 1975; Peters, 1977). To some extent, these concerns are justified, and it is important to take into account the extent to which the Area Agencies' objectivity, authority and autonomy may be limited by their interrelationships with the municipalities, major service organizations and the State Department on Aging. However, the intention here is not to propose a divorce of policy decisions from the political process, but to place those decisions in the hands of a group which is likely to be most representative

of the various interests in the aging network.

Given the rapid expansion of programs for the elderly, it is critically important to examine the effect of local, state and federal policy on inter-organizational relationships within the aging network. Without such attention, the prospects for a more coherent and better integrated service system are poor, and the positive impact of additional services is that much less.

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